## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 05, 2001 8:00 am DOCUMENT # P98000004240 **Secretary of State** 1. Entity Name EL MORRO REALTY INC. 02-05-2001 90027 015 \*\*\*150.00 Principal Place of Business Mailing Address 200 E COLONIAL DR 200 E COLONIAL DR Orlando Fl 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3586076 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUAREZ, SERENA H Street Address (P.O. Box Number is Not Acceptable) 3907 WHITTINGTON DRIVE ORLANDO FL 32817 City Zip Code 8. The above named e submits this staterment∯or the purpose of changing its registered office or registered agent, or both, in the State of Florida. - 30 - 01 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00 TITLE ☐ Delete TITLE Change ☐ Addition NAME SUAREZ, SERENA H NAME STREET ADDRESS STREET ADDRESS 200 E. COLONIAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition TITLE Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERENA H. SUMREZ

1/30/01 407-277-1